

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953544	(X3) DATE SURVEY COMPLETED R 03/27/2019
NAME OF PROVIDER OR SUPPLIER PALMS VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 2131 NW 28TH STREET OAKLAND PARK, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit to the Relicensure survey was conducted on _____ at Palms Villa, License #4990. The facility had an uncorrected deficiency found at the time of the survey. 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on record review and interview, the facility failed to ensure that unlicensed staff members, who provided assistance with self-administration of medication had successfully completed 2 hours in continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF, for 3 out of 3 sampled employee records reviewed (Administrator, Staff B, and C). The findings included: a) On _____ at 12:30 PM, a record review with the Administrator, of the personnel file for the Administrator, Staff B, and C conducted. There were no documentation of the 2-hour training update effective _____ conducted by a Pharmacist or Registered Nurse (RN) present in the file; for the Administrator, Staff B, and C who are unlicensed resident aide who assist residents in medication management. The additional required 2-hour training effective _____ focuses on _____, and _____. Record review revealed the following information: 1) Administrator hire date of _____ -Initial 4-hour Medication course dated _____ and the last 2-hour annual update dated _____ 2) Staff B hire date of _____ - Initial 4- hour Medication course dated _____ and the last 2-hour annual update dated _____ 3) Staff C hire date of _____ - Initial 4- hour Medication course dated _____ and the last 2-hour annual update dated _____ During an interview with the Administrator, on _____ at 2:45 PM, he confirmed that the facility has not received the required additional 2-hour training effective _____ regarding _____, and _____.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

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b) On at 1:59 PM in an attempt to correct the citation the Administrator presented a letter from a home health agency written by the Director of Training, stating the training for the new required two hour rule will be held on for the Palms Villa facility. The Administrator stated the home health agency was unaware of this rule and had to gather information for the class to be held at the end of The Administrator was informed at this time that he had 30 days to have the citation corrected and at this time, the citation has not been corrected. The Administrator acknowledged the findings. Class III Uncorrected		